New Jersey Department of Health and Senior Services Consumer and Environmental Health Services Food and Drug Safety Program P.O. Box 369 Trenton, NJ 08625-0369

Telephone: 609-588-3123 Fax: 609-588-3135

FOR STATE USE ONLY					
Check/MO No					
Amount Tendered \$					
Processor					
Date Rec'd					

APPLICATION FOR CERTIFICATE OF FREE SALE (CFS)

Name of Company			NJDHSS License or Registration Number		
Street Address			Telephone N	lumber	
City	State	e Zip Code	Email Addre	nail Address	
☐Yes ☐ No	cate of Free Sale under embargo, seiz	cure or other restrai	nt?		
 (in the case of a Dru 3.) Type of establishme 4.) Name under which e 5.) Location of licensed 6.) List of products to be 	ection by the New Jersey Department of ig Company). Int: Food, Drug or Cosmetic establishme establishment is licensed. establishment where products are manual.	nt. ufactured or distribut	ted.	-	
Certificates Requested	Number of Products Per Cer	rtificate	This Fee	Total	
	CFS (3 or less items)		\$50.00	\$	
	CFS (4 through 9 items)		\$75.00	\$	
	CFS (10 through 25 items)		\$100.00	\$	
	G.M.P. Certificate		\$50.00	\$	
	CFS that Attests to the Sanitation	ı	\$50.00	\$	
	←Total Number of CFS Enclosed		Grand Total→	\$	
other checks suc	nclose a separate check for the about he as to the NJ State Treasurer or the pplication form along with check, to the	ne Mercer County	Clerk must be sepa		
Signature		Date		elephone Number	